rachna program
2001-2006

women and child health at scale

working paper series

paper8

deepening access to spacing methods

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Deepening Access to Spacing Methods

Abstract

Background and Interventions

A high unmet need for spacing methods of contraception in the northern states in India is depriving the population from the benefits of the influence of well-spaced births on maternal and child mortality and malnutrition, among others. The *Chayan* project was designed to promote the use of spacing methods in 300 out of the 747 INHP blocks and 22 cities across four states, in addition to helping improve access to services for prevention and treatment of Reproductive Track Infections/Sexually Transmitted Infections. It focused on strengthening government systems, mobilizing communities and building partnerships with a range of private sector providers in delivering the interventions which primarily included strengthening contacts and counseling for eligible couples by *Anganwadi* Workers (AWWs)/Auxiliary Nurse Midwives (ANMs) and Reproductive Health Change Agents (RHCAs) and improving the availability of contraceptives through strengthening free supplies and social marketing.

Methods

The main sources of evidence are the *Chayan* baseline and end-line surveys, supplemented with information from the routine program monitoring systems, the monitoring of the social marketing component, and some questions from the INHP questionnaires in the end-line related to contacts and advice by service providers.

Results and Discussion

The main results were a marked increase in the use of spacing methods in Chhattisgarh, Jharkhand, Uttar Pradesh and Rajasthan, adding up to a program wide increase of 4.8 percent over a period of two years. The increase in use of spacing methods was particularly steep in Jharkhand as compared to the other three states and most of this increase was contributed by increased usage of Oral Contraceptives (OCPs). In all four states, users reported accessing OCPs and condoms from AWW far more frequently than at the baseline, while in two states, the proportion of respondents reporting that they had received the contraceptives from ANM declined. The *Chayan* project promoted AWW as a depot holder for contraceptives, along with promotion of non-conventional outlets for contraceptives supplied through social marketing. The proportion of women reporting that they intended to use contraceptive in the future increased in three of the four states. The paper examines other sources of data, and explores possible reasons for these achievements. Findings indicate that program interventions, particularly the involvement of Integrated Child Development Services (ICDS) program and the encouragement of home visits and proactive counseling could have contributed to the significant change in contraceptive use.

The *Chayan* project has demonstrated how family planning interventions can be integrated in a maternal and child health program, at scale, by closely working with existing government systems and engaging private sector, local NGOs and communities. The project has been able to improve convergence between the ICDS and Reproductive Child Health functionaries at the grass root level and demonstrated that such efforts lead to seeking and solving operational problems at the local level.

Background

The RACHNA Program

The RACHNA program of CARE India included two USAID-supported projects: the second phase of Integrated Nutrition and Health Project (INHP-II), which focused on child health and nutrition, and the *Chayan* project, which supported interventions for promoting birth spacing and the prevention of transmission of HIV/AIDS among groups at high risk. INHP-II, built upon the lessons and experiences of the first phase, was implemented in 747 Integrated Child Development Services (ICDS) blocks[1] in 78 districts across nine states[2] from October 2001 to December 2006 to complement the maternal and child health and nutrition (MCHN) efforts of the ICDS and the Ministry of Health and Family Welfare (MoHFW) programs. To achieve its goal of "sustainable improvements in the nutrition and health status of seven million women and children", INHP-II adopted a two-track approach – supporting service providers to improve the quality and coverage of MCHN services and systems and engaging communities to support better infant feeding and caring practices and sustain activities for improved maternal and child health and survival. The implementation was facilitated by small program teams of CARE, located at the district, state and national levels, and working closely with the functionaries of the ICDS program and the programs of the MoHFW, and with a range of partners, including local NGOs and Community-Based Organizations (CBOs). The main strategies were strengthening of existing systems, behavior change communication and capacity building. A detailed description of the program can be found in the paper, *Program Description*, in this series. The *Chayan* project aimed to support men and women in being able to choose the number and timing of children and to protect themselves from Reproductive Track Infections/Sexually Transmitted Infections (RTI/STI) and HIV in 300 out of the 747 INHP blocks and 22 cities across four states.[3] The *Chayan* project, through its life from July 2002 to December 2006, focused on strengthening government systems and mobilizing communities and building partnerships with a range of private sector providers in delivering the interventions.

Please refer to the paper, *Program Description,* in this series for more details on interventions and approaches.

Role of Chayan in Family Planning

In the Northern states of India, there is a high unmet need of about 25 percent, for family planning services and supplies. The use of contraception other than sterilization is abysmally low, with almost 90 percent of the contraceptive prevalence rate being determined by terminal methods.

In this backdrop, *Chayan's* family planning interventions focused on providing operational support to strengthen birth spacing interventions of Reproductive Child Health (RCH) especially condoms and oral contraceptive pills (OPC) and improving access and availability of contraceptives at the community level

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[1] A block is an administrative sub-unit of a district, having a population of around 100,000, and often larger. An ICDS block is usually identical to the administrative block, and comprises about 100 *Anganwadi* Centers (AWC). Not all blocks in a district and not all villages and hamlets within a block may be served by the ICDS program. INHP-II was designed to be implemented only in ICDS-served blocks, but did not necessarily cover all ICDS blocks in the districts where it was implemented.

[2] These include Andhra Pradesh (AP), Bihar (BI), Chhattisgarh (CG), Jharkhand (JH), Madhya Pradesh (MP), Orissa (OR), Rajasthan (RA), Uttar Pradesh (UP) and West Bengal (WB). Since the program was implemented in Bihar only from late 2004 onwards, results presented are only from the other eight states.

[3] Chhattisgarh (CG), Jharkhand (JH), Rajasthan (RA) and Uttar Pradesh (UP).

(at the *Anganwadi* center (AWC)). The focus was on strengthening the contacts and counseling for eligible couples and on improving the availability of contraceptives through strengthening free supplies and social marketing.

Built on the MCHN program platform of INHP, the *Chayan* project interventions were delivered together with INHP-II, through a team of district-based professionals who worked closely with the government officials and functionaries and a range of partners, including local NGOs. The specific focus was on capacity building, behavior change communication and improving the supply of contraceptives through the government and social marketing networks. Optimizing the opportunities provided by the ICDS program to integrate birth spacing interventions and close coordination and convergence between the ICDS and RCH program functionaries at the sub-district level were critical elements of the *Chayan* project. The project also focused on engaging communities for demand generation and promoting accountability of service providers, through promotion of community volunteers and CBOs as pressure groups. *Chayan* followed the INHP-II approach of establishment of "Demonstration Sites"[4] in about 10 percent of AWCs from early 2003 to end 2004 and planned to replicate the best practices through the ICDS and RCH program functionaries and scale-up of social marketing outlets through partnership with Population Services International (PSI).

The following are the specific approaches used to promote family planning especially birth spacing:

- Joint capacity building of functionaries of the ICDS and the RCH programs on family planning to contact and advise eligible couples on family planning, availability of services and supplies at the most critical time periods. The contacts made by *Anganwadi* Workers (AWWs) and Auxiliary Nurse Midwives (ANMs) and Change Agents were optimized by integrating birth spacing messages.

- Identified and developed a male and female Reproductive Health Change Agents (RCHA) in each of the 10 percent of AWCs in the 300 ICDS blocks to prioritize and reach all the eligible couples with birth spacing communication messages.

- Improved availability of contraceptives through strengthening free supplies by establishing AWCs as depots for free supplies and enhancing social marketing of contraceptives in rural areas to match the demand generation at community level. The social marketing agencies placed contraceptives in both traditional and non-traditional outlets. While the project partnered with PSI to establish social marketing outlets in the states of Chhattisgarh, Jharkhand and Rajasthan, it also collaborated closely with other social marketing agencies through non-financial partnerships

- Reinforced the family planning messages through multiple communication channels including folk media campaigns, wall writings, posters and mass media communication informed by formative research

[4] Demonstration Sites are few selected *Anganwadi* Centers where the " best practices", i.e., Nutrition and Health Day, Community-based Monitoring Tools, Block-level resource mapping and Change Agents , of INHP are implemented as solutions for operational problems. In *Chayan*, in addition to these, the best practices of reproductive health change agents, community based organizations and social marketing outlets were layered in.

- Forums like ICDS sector[5] meeting were used as platforms for imparting ongoing trainings, so as to strengthen the capacity and sharpen the focus of AWWs and ANMs on birth spacing. Under the 'sector strengthening' approach, the *Chayan* project together with the INHP-II structured and streamlined regularity of sector meetings along with bringing convergence of ICDS and Health Departments.

- The ICDS Sector Supervisors were provided with a set of tools to help manage their meetings and review the functioning of the AWWs. These tools helped the Supervisors to ask relevant questions to the AWWs and track the activities conducted. A simple tool for AWW was introduced to prioritize home visits during pregnancy to till the child reaches two years. Birth spacing messages reached the women with children under two at the relevant contacts.

Methods of Assessment

The *Chayan* project under RACHNA program has population data from baseline and endline surveys covering the project universe in 29 districts across four states. In addition to the data from these two sources, the data from Health Management Information System (HMIS) system reported by the AWW from the entire *Chayan* project universe is also used.

The *Chayan* baseline survey (2003) used a multistage design to select 700 and 1,100 women in the age group of 15-44 years from urban and non-urban blocks, respectively. First, a fixed number of blocks were selected from every state, and then a fixed number of Primary Sampling Units (PSUs) from each block, followed by a fixed number of respondents from each PSU. In addition, a separate stratum of 50 randomly picked demonstration sites was drawn from across the *Chayan* districts in the state, from which 700 respondents were selected. A predetermined number of respondents were selected from each PSU after house-listing.

The *Chayan* endline survey was conducted along with the INHP-II endline survey in 2006, and followed the same design. The target sample size of respondents was sufficient to detect a three percentage point difference in the prevalence of the use of modern spacing methods with 95 percent confidence limits and 80 percent power and an assumed maximum design effect of 1.8. Although this survey was conducted along with the INHP-II endline in the four *Chayan* states, the spread of the sample was restricted to the *Chayan* districts in these states. The number of PSUs (and thus the number of blocks) selected varied by the birth rates as per the design of the INHP-II endline and thus varied from state to state. Blocks were selected in a manner that ensured proportionate representation of urban, rural and tribal blocks, and PSU selection within a block ensured proportionate representation of demonstration sites, replication sites and other sites. A sampling frame was generated for women 15-49 years of age by prior house-listing and the target sample picked by circular systematic sampling, making allowance for a non-response rate of 15 percent. Effectively, this resulted in a virtually self-weighted

[5] An ICDS sector is a supervision unit between 20-25 AWCs under each. A sector level supervisor of ICDS is engaged to conduct structured review and to provide ongoing capacity building inputs to the AWWs.

sample for each state. A total of 3,009 women were targeted for listing and 2,558 women for complete interviewing in each state. During analysis, only women 15-44 years were compared.

More details on the methodology used in baseline and endline surveys of *Chayan* project, please refer to the paper, *Methods Used for Assessments,* in this series.

In tabulating and presenting results, estimates of indicators are presented separately for each district or state as the case may be, and in most cases, the average program-wide estimates are not emphasized. This pattern has been followed to retain the focus on individual states and districts, among which there is considerable variability.

Also, statistical significance testes are not presented for most primary results, such as when comparing estimates for indicators across baseline and endline surveys, or across rounds of RAPs. Most of the surveys were large sample surveys, designed to detect differences of 10 percentage points or more between two comparable rounds. While confidence intervals or p-values could have been presented, this would have made the already large tables, each bearing results from eight states or districts, even less user-friendly. Instead, the authors have taken the view that it is safe to assume that a difference of 10 percentage points or more between rounds is likely to be statistically significant in most cases, and that showing statistical significance for differences of less than 10 percentage points may not be convincing from a program perspective. Thus, descriptions of results also generally distinguish between differences of 10 percentage points or more (as being statistically significant and programmatically relevant in most cases), and lesser differences (as being not convincing in most cases). While this approach oversimplifies the presentation of results, it should help the general reader interpret results more easily. More experienced and interested readers will look deeper, in any case.

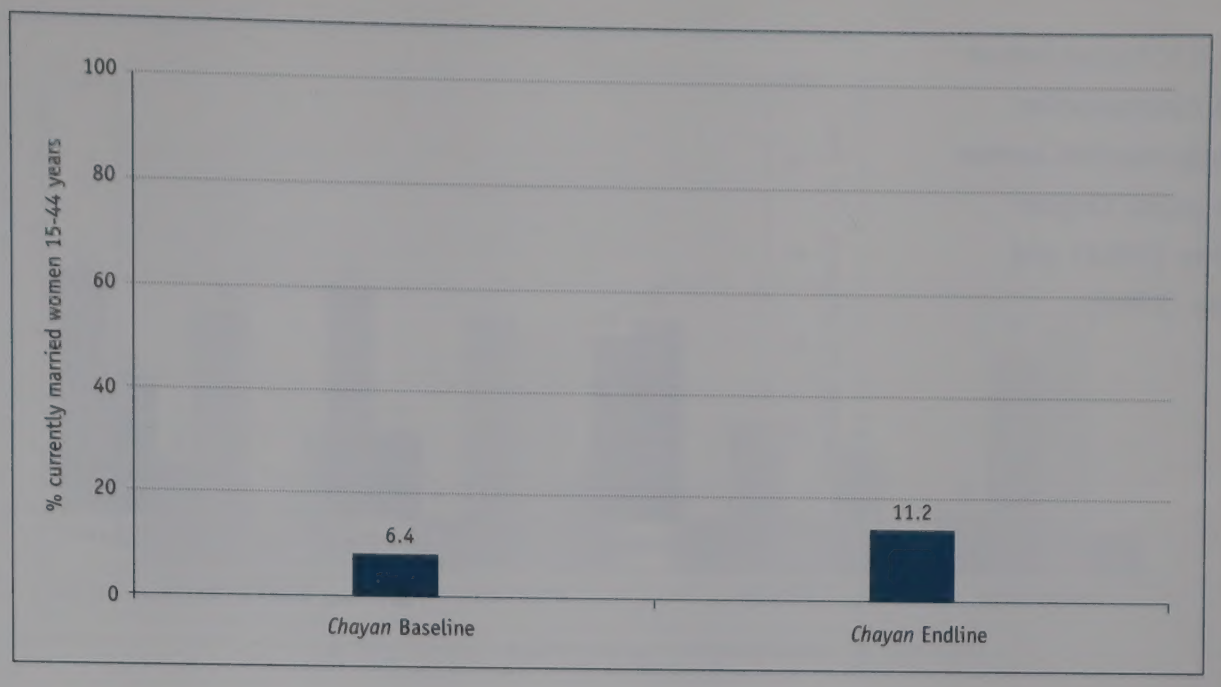
Results and Discussion

This section presents and discusses the results from the *Chayan* project and draws lessons in implementing family planning interventions at scale in a relatively short intervention period. The significant accomplishments of the *Chayan* project include the overall increase in Contraceptive Prevalence Rate (CPR), increased use of spacing methods (OCP and condoms more prominently) and greater awareness about choice among multiple spacing methods as well as increased intention to use the same.

Contraceptive Prevalence Rate

The *Chayan* project recorded an increase of 4.8 percentage points in the CPR for spacing methods (OCPs and condoms) over a three year period (2003-2006) in the four high fertility states of Chhattisgarh, Jharkhand, Uttar Pradesh and Rajasthan (Figure 8.1). However, the current usage rate as estimated from endline is still low at 11.2 percent.

Figure 8.1: **Use of spacing methods (OCPs and condom), currently married women 15-44 years, *Chayan* Baseline (2003) and Endline (2006).**



The state level contraceptive prevalence rates of spacing methods for *Chayan* areas are shown in Figure 8.2. The data shows significant increase in use of condoms and OCPs across all the *Chayan* states. The increase in use of spacing methods was particularly steep in Jharkhand as compared to the other three states and most of this increase was contributed by increased usage of OCPs. Not shown in the figure, the OCP use in Jharkhand has increased from 1.3 percent in baseline to 11 percent at the endline and in Chhattisgarh from 1.7-4.6 percent. At the same time, condom use has increased from 1.2-6.5 percent in Jharkhand, from 2.2-4.1 percent in Rajasthan and 5.3-8.9 percent in Uttar Pradesh. It should be noted that the state of Uttar Pradesh had other development partners, through the State Institute in Family Planning Services Project Agency (SIFPSA) program, who focused on promotion of family planning services and the improvements witnessed in this state are the result of the combined efforts of all these players.

Enhanced Use and Intention to Use Spacing Methods

Figure 8.3 depicts the future intention of eligible couples for using contraceptives at *Chayan* baseline and endline. There is a substantial increase in number of

Figure 8.2: **Use of spacing methods (OCPs and condom) by eligible couples in 4 states covered by *Chayan*, Baseline (2001), and Endline (2006).**

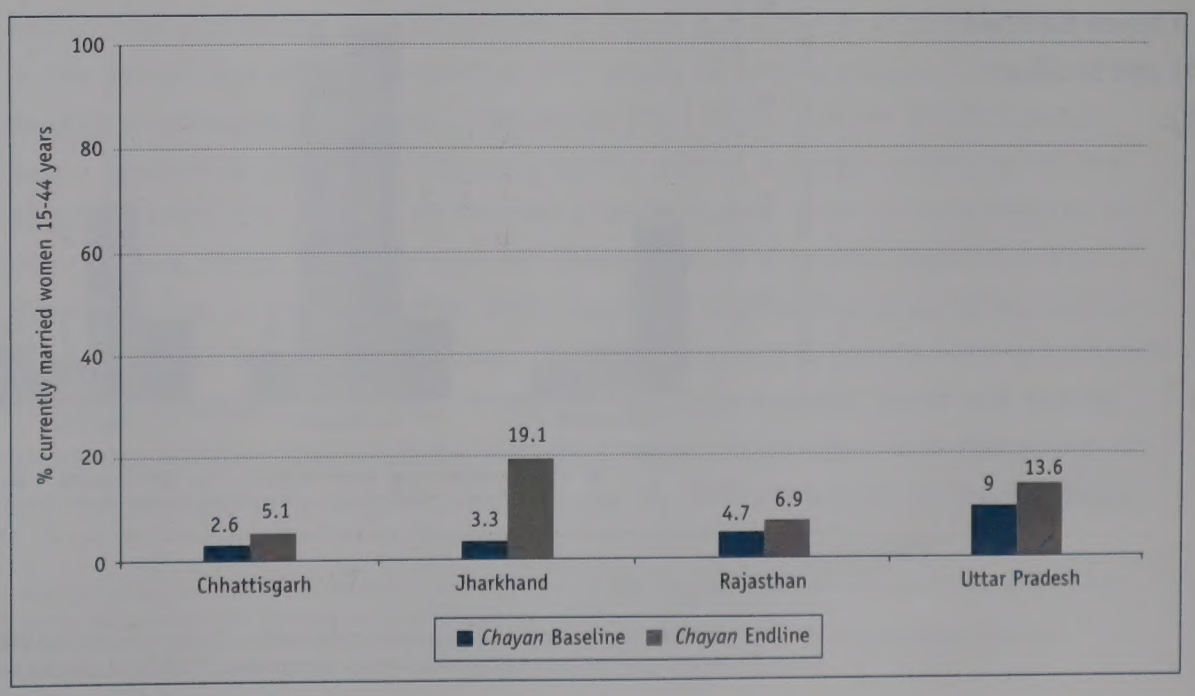
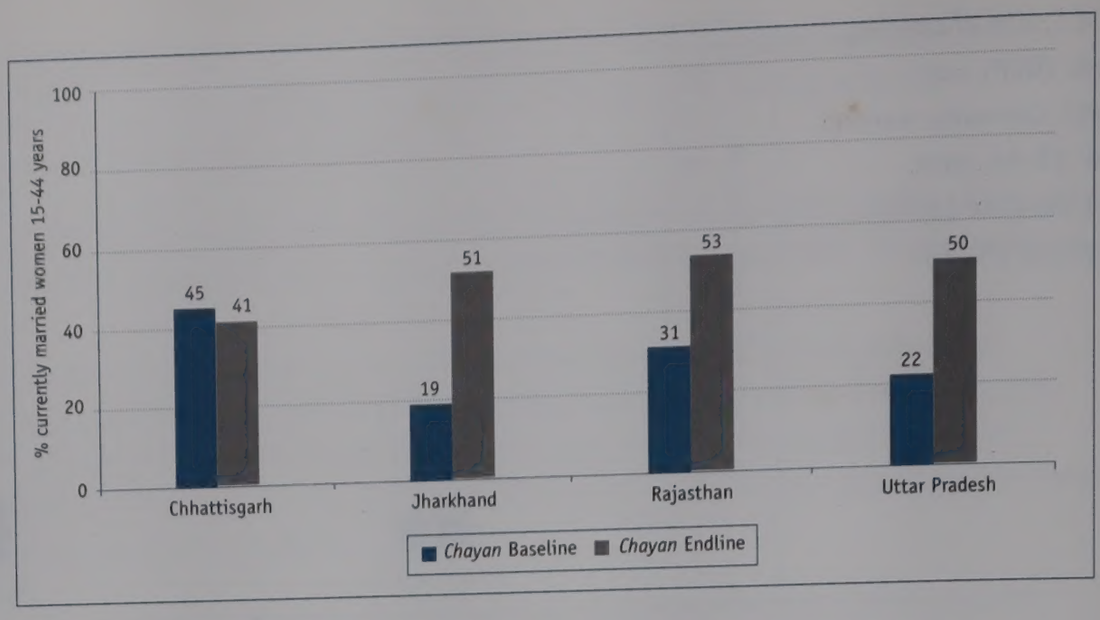


Figure 8.3: **Future intent to use contraception, currently married women 15-44 years, *Chayan* Baseline (2003) and Endline (2006).**

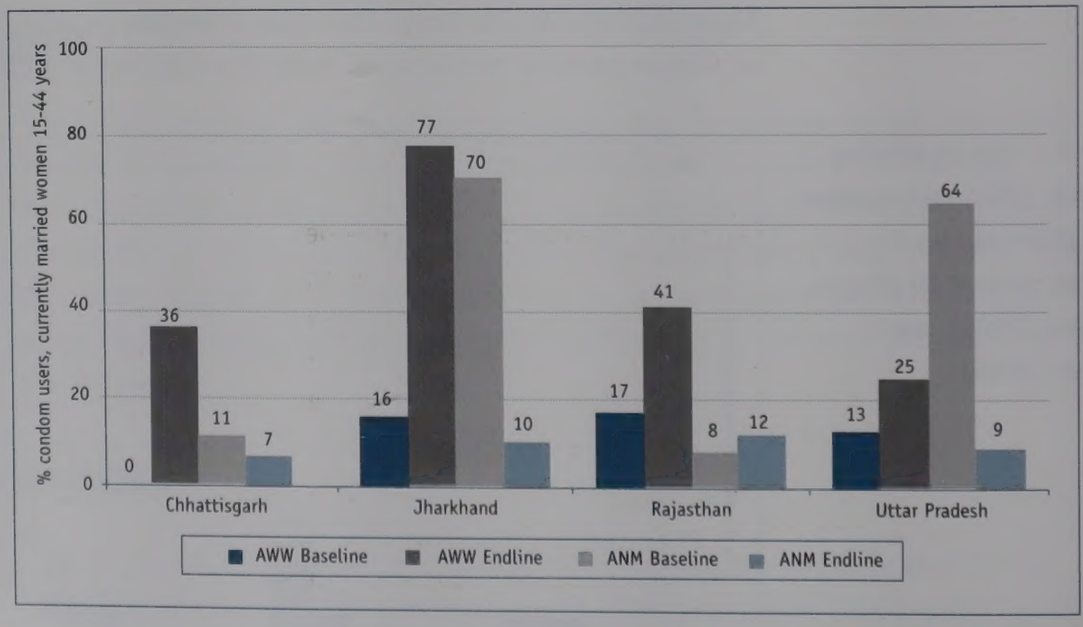


women in the reproductive age group willing to use modern contraceptives for spacing in all states except Chhattisgarh where it remained more or less unchanged. There appears to be greater awareness and willingness to space the next child. However, these promising percentages do not match with the actual usage of spacing methods at baseline or endline.

Improving Supplies

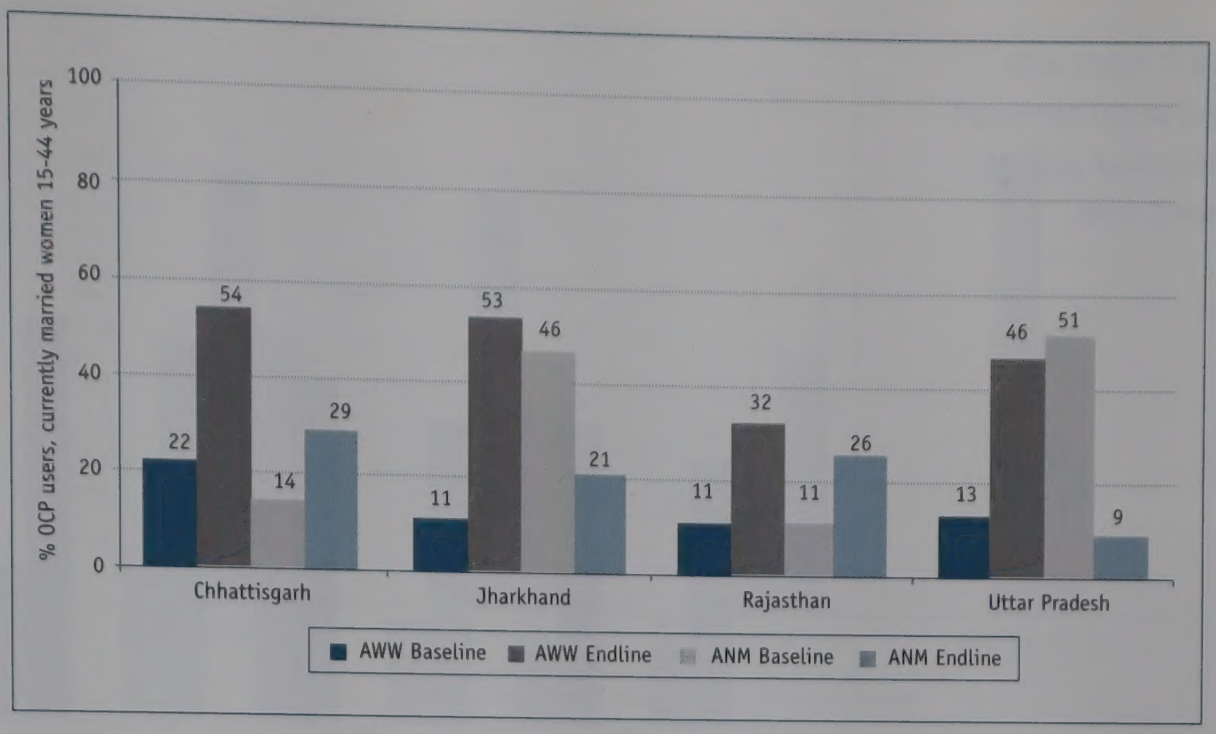
Chayan project made explicit efforts to improve the access of contraceptives for men and women of reproductive age group. There was a significant increase in the number of women reporting AWWs as a source of condom and OCP from baseline to endline in all states6 as shown in Figures 8.4 and 8.5. Use of ANMs as an access point for spacing methods varied among the four states. In Jharkhand and Uttar Pradesh, the percentage of women using ANMs as a source for condoms or OCPs decreased from baseline to endline. This was not the case in Chhattisgarh and Rajasthan where users accessed supplies from both sources.

Figure 8.4: **Source of condoms, among currently married women 15-44 years, *Chayan* Baseline (2003) and Endline (2006).**



[6] The project did not directly support social marketing interventions in Uttar Pradesh but collaborated with already funded social marketing projects to coordinate supplies but directly strengthened the free through the government.

Figure 8.5: **Source of OCP among currently married women 15-44 years, *Chayan* Baseline (2003) and Endline (2006).**



Chayan has made efforts to increase the access to contraceptives through free distribution and social marketing within the catchment areas of the AWCs. The Chayan project promoted AWW as a depot holder for contraceptives, along with promotion of non-conventional outlets for contraceptives supplied through social marketing. The monthly Nutrition and Health Day (NHD)[7] conducted at the AWC was used as a platform to promote birth spacing among the pregnant women and mother of children under three when they come for availing nutrition and health services for children.

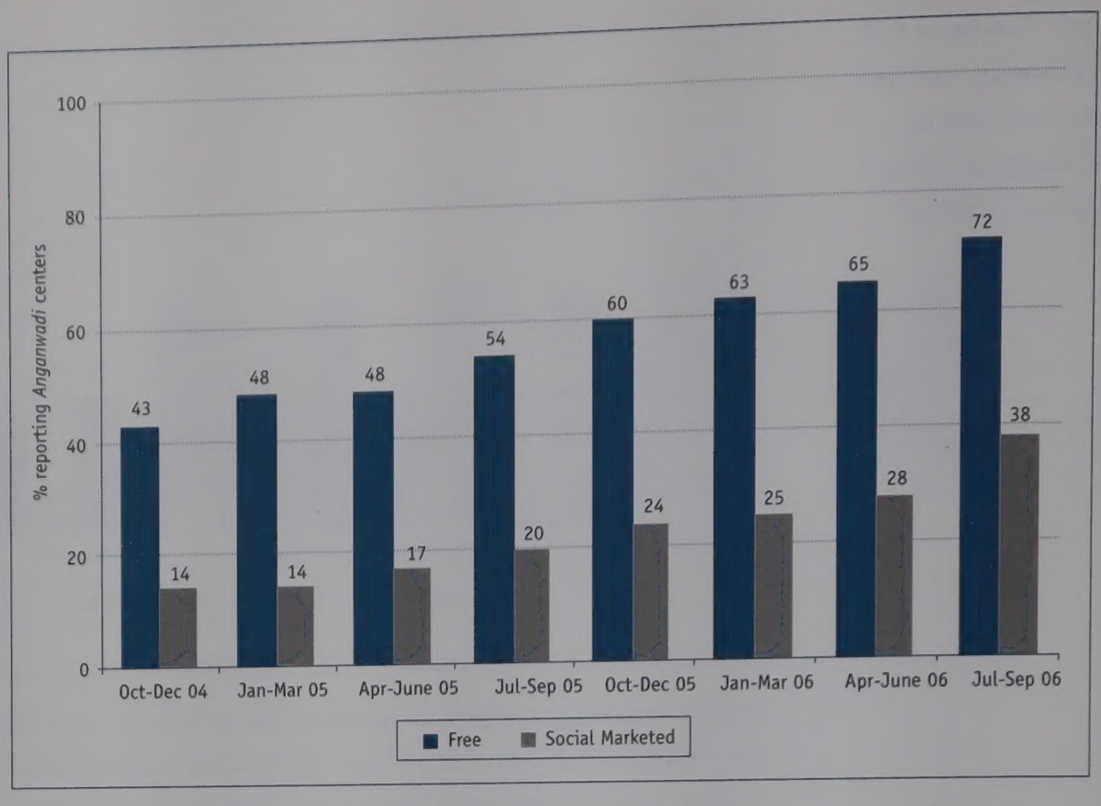
It is possible that these efforts made contraceptives more accessible for the users than being available only during visits from the ANM. This finding however, does not negate the role of ANM in providing contraceptive supplies, as the Chayan project worked with ICDS closely and placed emphasis on better coordination and convergence between AWWs and ANMs. The replenishment of OCPs and condoms at the AWC level was done by ANM during her village visits on the monthly NHD.

An attempt was made to study the trends of availability of free and social marketed contraceptives at the AWC level from the data derived from project's HMIS.[8] The monitoring data presented in Figure 8.6 shows a gradual increase in the percentage of AWCs reporting free supply of contraceptives from 43 percent in the quarter October – December 2004 to 72 percent in the quarter July – September 2006. The *Chayan* project's efforts in better convergence and advocacy with ICDS for AWC to become a depot holder seem to have resulted in this increase across the programming universe of 29 districts. Figure 8.6 also shows increase in the percent of AWCs reporting availability of social marketed supplies within the catchment area. The social marketing outlets were established in formal partnership with PSI. In a state like Uttar Pradesh, there was already an agency which established the outlets. *Chayan* coordinated with the agency to link the demand with supplies. Accordingly, the AWCs reporting to have branded

[7] NHD is a set day when take-home rations are distributed and an ANM visits the *Anganwadi* center and offers immunization and/or antenatal services. This day occurs at least once a month.

[8] The monitoring data on the availability of contraceptives at the AWC level is based on the reports by the AWW as an attachment to their monthly report which forms the basis of collecting this information.

Figure 8.6: **AWCs with free and social marketed contraceptives supplies (%), HMIS data.**



contraceptives available at cheaper rates increased from 14 percent in the quarter October – December 2004 to 38 percent in the quarter July – September 2006.

Increasing Contacts and Advise

Interpersonal contacts by AWWs and ANMs, to provide information on benefits and side effects of contraceptives, could have been one of the factors that led to increased use of spacing methods. *Chayan* baseline or endline does not have data from 15–44 year old women on contacts and advise. However, the INHP-II endline survey included several questions, in questionnaires administered to women having children 6–23 months of age in *Chayan* areas. Please refer to the paper, *Methods Used for Assessments,* in this series for the details on INHP-II endline survey. Considering that the inter-pregnancy interval in India is on an average less than three years, women with children between 6-23 months form an important priority group for family planning services. Given the *Chayan* project is built on INHP-II platform, it placed emphasis on reaching these women by integrating the birth spacing messages at the relevant contacts during pregnancy and with mothers of children under two years.

Figure 8.7 presents the percentage of women with children 6–23 months visited by either AWW or ANM in the month prior to survey. More than 75 percent of the mothers reported being contacted by the service provider in all states except Rajasthan where the corresponding figures were less than 30 percent. Near half of the women who reported contacts in the last month received advice on family planning in addition to child health with the exception of Jharkhand.

Figure 8.8 presents specific advice received from AWW or ANM, by the mothers of 6-23 months aged children, who were contacted and advised on family planning. It is evident that across the four states, more than 75 percent of the women were advised about oral pills by the service providers and 43 to 70 percent of women were advised

Figure 8.7: **Previous month contacts and advice on Family planning by AWW/ ANM reported by mothers of 6-23 months infants (INHP Endline).**

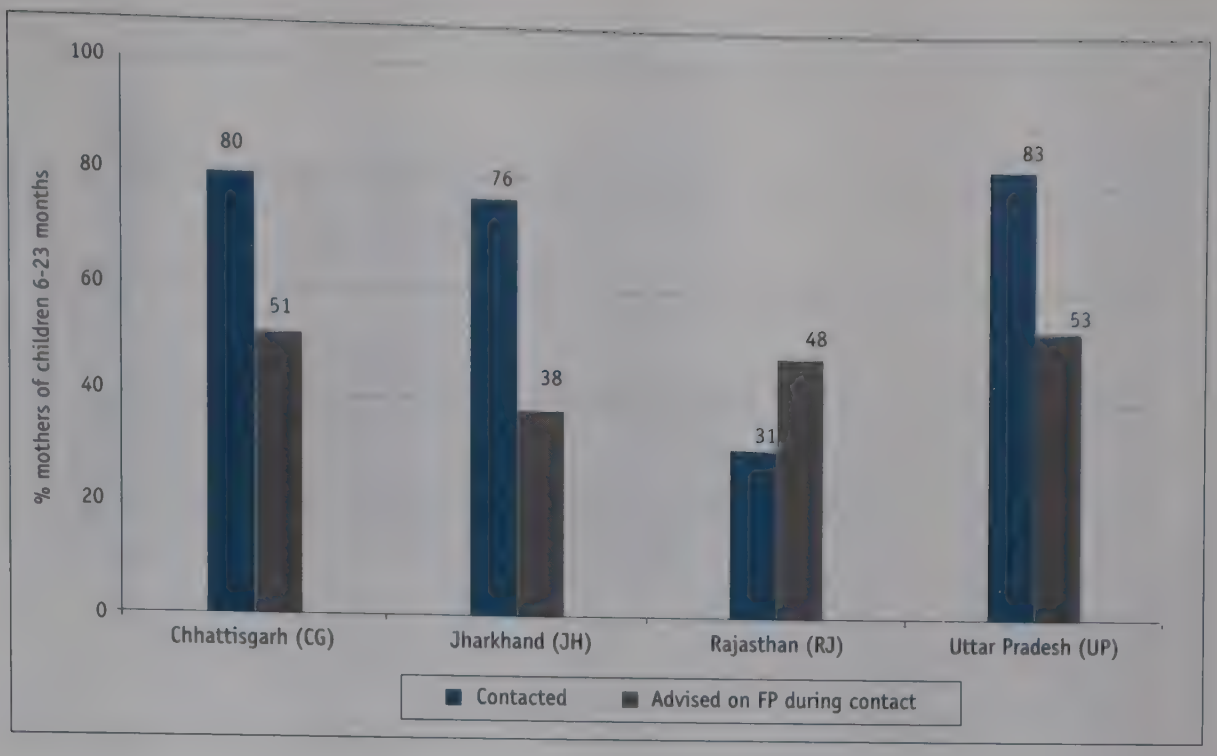
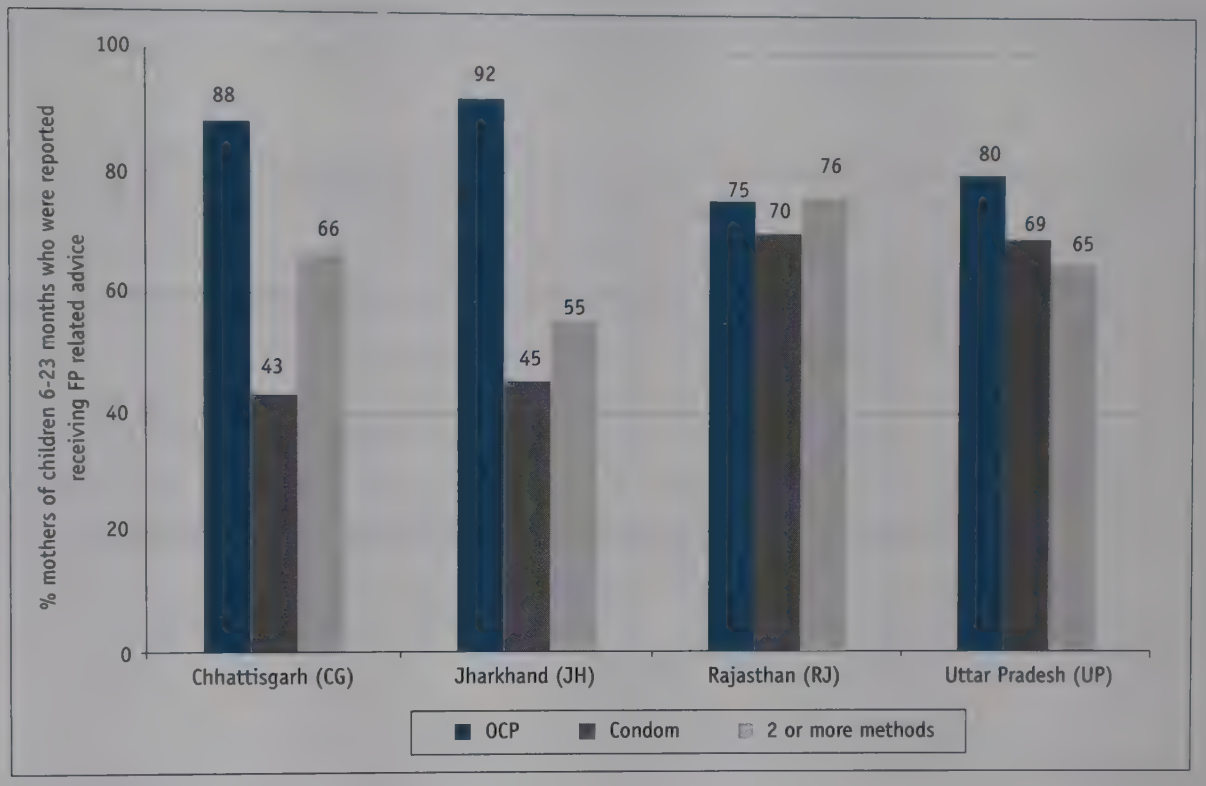


Figure 8.8: **Advice on contraceptive choice by ANM/AWW reported by mothers of 6-23 months infants (INHP Endline).**



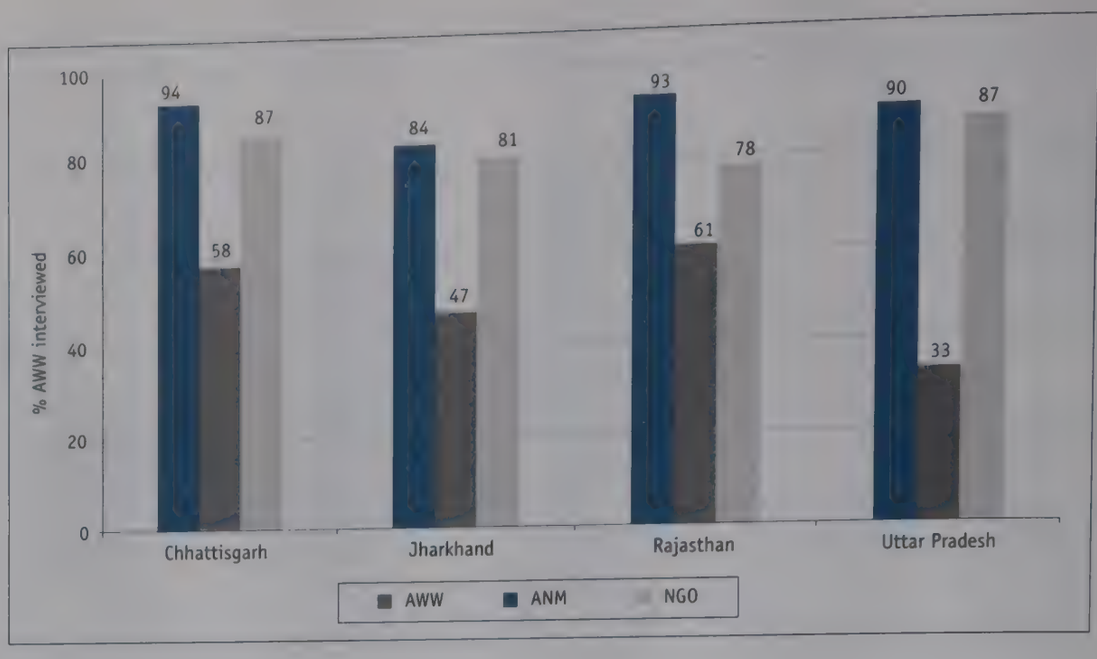
about condoms. About 55 percent in Jharkhand to 76 percent of women in Rajasthan reported receiving advice on two or more methods of family planning. These findings serve as plausible explanation about the efforts put in by the project to increase use of spacing methods among the active clients in the program universe.

Functioning of Service Providers

Convergence and Participation in Review Meetings

AWWs and ANMs were interviewed as part of the RACHNA endline assessment in 2006 regarding home contacts, participation in sector meetings and priority activities indicated by supervisors either during the field visits or at the monthly sector level review meetings. Figure 8.9 presents the participation of AWW in the sector meetings and presence of ANM, NGO functionaries and CARE personnel at the sector meetings. Eighty four percent AWWs in Jharkhand to 94 percent AWWs

Figure 8.9: **Participation in ICDS sector meetings at least once in last 3 months, AWW interviews, INHP Endline (2006).**



in Chhattisgarh reported participation in the sector meeting at least once in the three months prior to survey.

More than half of the ANMs attended over 50 percent of these sector meetings in the states of Chhattisgarh and Rajasthan while it was 33 percent in Uttar Pradesh and 47 percent in Jharkhand. This data reflects the convergence between the ICDS and Health Department functionaries through joint meetings which was one of the key priorities of the *Chayan* project.

The external facilitation during sector meetings was reported by more than three quarters of the AWWs at endline, wherein CARE and/or NGO staff supported ICDS supervisors in conducting these meetings with the help of specific tools. These meetings provided a forum to review the progress related to family planning interventions with AWWs and ANMs and addressing contraceptive supply related gaps.

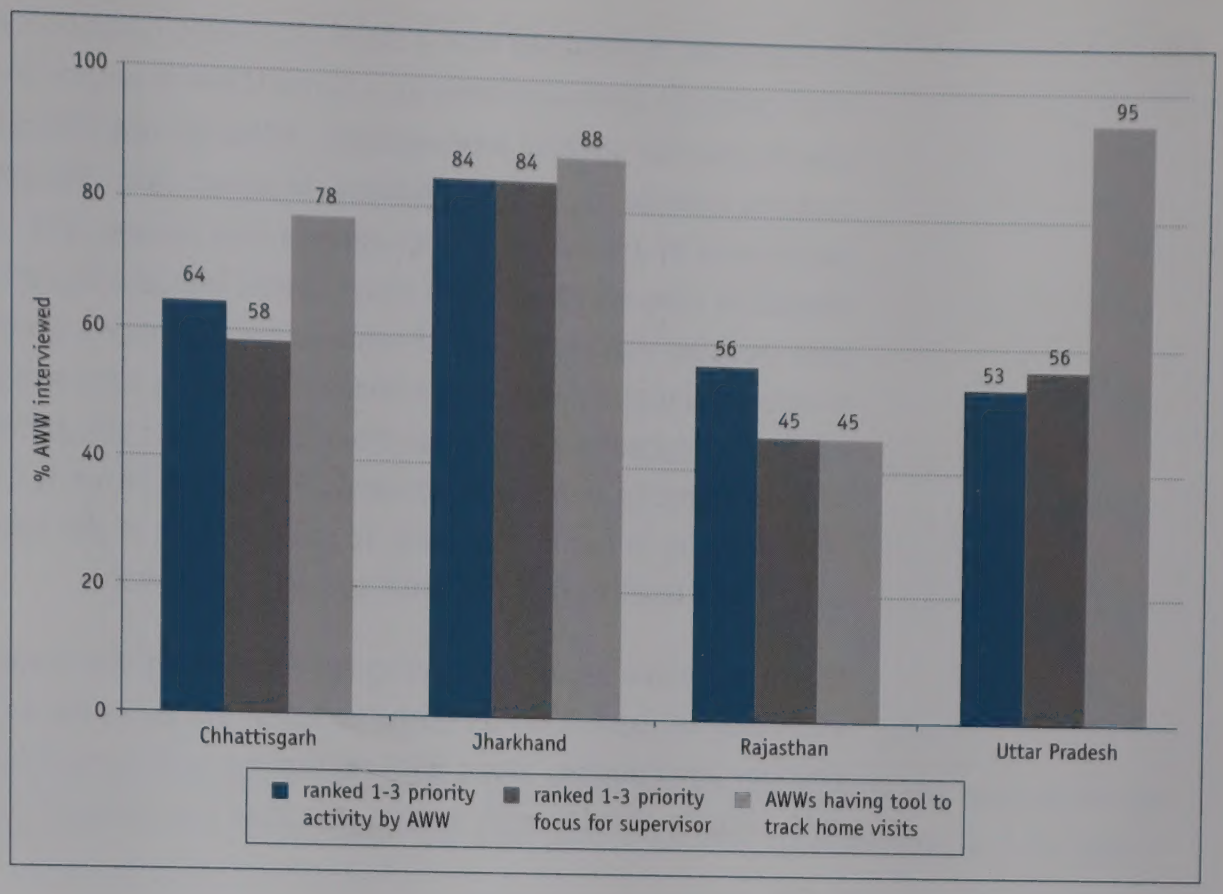
Home contacts and advise by AWWs

The *Chayan* project emphasized on the home contacts by AWWs and ANMs through regular follow ups through functionaries at higher levels. A home visit planning tool was introduced to AWW to prioritize home visits at the critical time periods in the life cycle including birth spacing. The endline interviews with AWWs indicate that over 50 percent reported that home visit was as one of the top three priorities and almost similar percentage reported that their supervisors identified home visit as one of the first three priorities during field visits as presented in Figure 8.10. Almost 80 percent AWWs showed tools for recording and tracking home visits, except Rajasthan, where tools were available with only 45 percent AWWs.

Lessons Learnt

One of the key achievements of *Chayan* is increase in usage of spacing methods in high fertility states in relatively a short intervention span by mobilizing the ICDS program to support the RCH program efforts in birth spacing. It may be fair to say that the *Chayan* project has demonstrated how MCHN program platform can be used to deliver family planning interventions, at scale, by closely working with existing government systems and engaging private sector, local

Figure 8.10: **Priority of Home visiting and extent of use of Home Visit tool, AWW interviews, INHP Endline (2006).**



NGOs and communities. The program has demonstrated approaches to improving supplies of contraceptives through a combined approach of strengthening the government supplies and establishment of social marketing outlets to expand the basket of choices for family planning for women and men in reproductive age group.

The findings indicate that identification of priority groups, well focused contacts and advise by service providers together with improved access to services, can contribute to increase in use of spacing methods. Bringing the functionaries of ICDS and RCH together and joint capacity building (training and ongoing supervisory support using sector meeting platform) of frontline service providers of ICDS and RCH seemed to have contributed to increased outreach with right messages to the prioritized couples.

The *Chayan* project experience shows the possibility of how RCH program can effectively utilize the ICDS program to deliver contraceptives, such that it has wider reach and generate awareness on use of contraceptives. It appears from the data, that there has been a shift in the source for receipt of condoms and OCPs in Jharkhand and Uttar Pradesh from ANMs to AWWs. There has also been a concomitant increase in usage of spacing methods in these states, indicating a gradual shift in focus from primarily terminal methods to informed choice for women and men.

The project has been able to improve convergence between the ICDS and RCH functionaries at the grassroot level and demonstrated that such efforts lead to seeking and solving operational problems at the local level. At the same time, there is a possibility, that bringing AWWs into the realm of family planning more consciously may dilute the attention and interest of the ANMs who currently feel fully responsible for this component.

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The program highlighted how a multi-channeled communication approach, with inter-personal communication as a cornerstone is critical for enabling women and men to practice spacing interventions. Although not reflected in the previous sections considering lack of evidence, in select sites, the program has learnt the importance of addressing gender barriers that women face in making decisions related to contraception. Field observations indicate issues such as son preference, poor decision making ability of women, restrictions on women's mobility and poor couple communications, were evidently hindering easy acceptance of contraceptive methods. Anecdotal experiences from the program also pointed to how an explicit focused effort to promote inter-spousal communication led to greater male responsibility in family planning. It could be one of the potential strategies at the community level to improve birth spacing outcomes.

Based on initial lessons, the program recognized the scope for improvement, especially in expanding its scope to reach out to newly weds, low parity and younger age couples, along with reinforcing and consolidating the existing efforts with eligible couples with a child less than two years of age.

This series of working papers was envisioned and written by persons actively involved in the program design and implementation. A number of data support and field staff gave invaluable contributions, and the papers were reviewed by CARE-India and USAID/India staff.

The main contributors to this paper were Anupam Raizada, Rashmi Kukreja, Sanjay Kumar, Sucharita Dutta, Sunil Babu and Usha Kiran.

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About RACHNA

Two major projects of the Reproductive and Child Health, Nutrition and HIV/AIDS (RACHNA) program of CARE-India completed five years of work supported by funds from USAID in late 2006. The second phase of Integrated Nutrition and Health Project (INHP-II) was aimed at helping reduce child malnutrition and mortality. The rural component of the *Chayan* project primarily addressed the unmet need for spacing methods, while its urban component attempted to reduce HIV transmission among at-risk groups. Together, the projects covered 78 districts and 22 cities, spread over 10 states, and worked closely with key national programs and a spectrum of different partners. This series of working papers documents the results and lessons from these five years.

Other Papers in this Series

Executive Summary: What we have learnt so far

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Paper 3 : Enhancing Newborn Care

Paper 4 : Changing Infant and Child Feeding Behaviors

Paper 5 : Widening Coverage of Micronutrient Supplements

Paper 6 : Supplemental Feeding: It's Role in a Large Scale Maternal and Child Nutrition and Health Program

Paper 7 : Widening Coverage of Primary Immunization

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Toolkit : Tools Used to Strengthen Program Implementation in INHP-II

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